ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All Information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION	
FEDERAL PROGRAM AGENCY	
DEFENSE FINANCE AND ACCOUNTING SEI	
AGENCY IDENTIFIER AGENCY LOCATION CODE (ALC):	ACH FORMAT:
053936147 00005242-7	CCD+ CTX
ADDRESS: CODE FDT	
CODE FD1	
4181 RUFFIN ROAD SAN DIEGO, CA 92123	-1819
CONTACT PERSON NAME:	TELEPHONE NUMBER:
PERCY GUEVARA	(858) 616-5108
ADDITIONAL INFORMATION:	1(030) 010 3100
PAYEE/COMPA	NY INFORMATION
NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS:	'
CONTACT PERSON NAME:	TELEPHONE NUMBER:
FINANCIAL INSTIT	UTION INFORMATION
NAME:	
ADDRESS:	
ADDRESS.	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
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NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEDOCUTOR ACCOUNT AND APPER	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT	<u> </u>
CHECKING SAVIN	IGS
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	TELEPHONE NUMBER:
(Could be the same as ACH Coordinator)	()